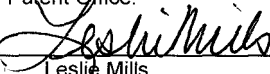
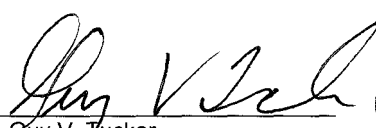


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Schuler et al. Application No: 10/675,602 Confirmation No: 9993 Filed: September 29, 2003 Title: SYSTEMS DEVICES AND METHODS FOR OPENING RECEPTACLES HAVING A POWDER TO BE FLUIDIZED	Group No: 3772 Examiner: Nihir B. Patel Attorney Docket No: NK.0076.10 September 16, 2008 San Francisco, CA 94107																																												
Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Time <input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136																																												
Filed EFS <input checked="" type="checkbox"/> Request for Continued Examination (RCE) <input type="checkbox"/> Comments on Statement of Reasons for Allowance <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Extension (Months)</th> <th colspan="2" style="text-align: center;">Extension Fee</th> </tr> <tr> <th></th> <th style="text-align: center;">Large Entity</th> <th style="text-align: center;">Small Entity</th> </tr> <tr> <td><input type="checkbox"/> One Month</td> <td style="text-align: center;">\$120.00</td> <td style="text-align: center;">\$60.00</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two Months</td> <td style="text-align: center;">\$460.00</td> <td style="text-align: center;">\$230.00</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td style="text-align: center;">\$1,050.00</td> <td style="text-align: center;">\$525.00</td> </tr> <tr> <td colspan="3" style="text-align: center;">Total \$460.00</td> </tr> </table> <input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.	Extension (Months)	Extension Fee			Large Entity	Small Entity	<input type="checkbox"/> One Month	\$120.00	\$60.00	<input checked="" type="checkbox"/> Two Months	\$460.00	\$230.00	<input type="checkbox"/> Three Months	\$1,050.00	\$525.00	Total \$460.00																												
Extension (Months)	Extension Fee																																												
	Large Entity	Small Entity																																											
<input type="checkbox"/> One Month	\$120.00	\$60.00																																											
<input checked="" type="checkbox"/> Two Months	\$460.00	\$230.00																																											
<input type="checkbox"/> Three Months	\$1,050.00	\$525.00																																											
Total \$460.00																																													
Fees for Extra Claims <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2">Claims remaining after amendment</th> <th rowspan="2">Highest number previously paid for</th> <th rowspan="2">Number Extra</th> <th colspan="2">Rate</th> <th rowspan="2">Additional Fee</th> </tr> <tr> <th style="text-align: center;">Large Entity</th> <th style="text-align: center;">Small Entity</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">26</td> <td style="text-align: center;">33</td> <td style="text-align: center;">0</td> <td style="text-align: center;">\$50.00</td> <td style="text-align: center;">\$25.00</td> <td style="text-align: center;">\$0.00</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> <td style="text-align: center;">0</td> <td style="text-align: center;">\$210.00</td> <td style="text-align: center;">\$105.00</td> <td style="text-align: center;">\$0.00</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td></td> <td></td> <td style="text-align: center;">0</td> <td style="text-align: center;">\$370.00</td> <td style="text-align: center;">\$185.00</td> <td style="text-align: center;">\$0.00</td> </tr> <tr> <td>Supplemental Information Disclosure Statement</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6" style="text-align: right;">Total</td> <td style="text-align: center;">\$0.00</td> </tr> </tbody> </table>			Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee	Large Entity	Small Entity	Total Claims	26	33	0	\$50.00	\$25.00	\$0.00	Independent Claims	5	6	0	\$210.00	\$105.00	\$0.00	Multiple Dependent Claims			0	\$370.00	\$185.00	\$0.00	Supplemental Information Disclosure Statement							Total						\$0.00
	Claims remaining after amendment					Highest number previously paid for	Number Extra		Rate		Additional Fee																																		
		Large Entity	Small Entity																																										
Total Claims	26	33	0	\$50.00	\$25.00	\$0.00																																							
Independent Claims	5	6	0	\$210.00	\$105.00	\$0.00																																							
Multiple Dependent Claims			0	\$370.00	\$185.00	\$0.00																																							
Supplemental Information Disclosure Statement																																													
Total						\$0.00																																							
Fee Payment <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Extension Fees</td> <td style="width: 50%; text-align: right;">\$ 460.00</td> </tr> <tr> <td>RCE Fee</td> <td style="text-align: right;">\$ 810.00</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">\$ 1270.00</td> </tr> </table>	Extension Fees	\$ 460.00	RCE Fee	\$ 810.00	Total	\$ 1270.00	Fee Deficiency <input checked="" type="checkbox"/> If any additional extension fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims or any other fee is required, please charge Deposit Account No. <u>10-0258</u> .																																						
Extension Fees	\$ 460.00																																												
RCE Fee	\$ 810.00																																												
Total	\$ 1270.00																																												
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of <u>\$1270.00</u> .																																													
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a) I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent Office at (571)263-8300 on the date shown below, or electronically filed with the U.S. Patent Office. By:  Date: <u>September 16, 2008</u> Leslie Mills																																													
Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please continue to send correspondence to: Guy V. Tucker Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107 Respectfully Submitted, By:  Date: <u>September 16, 2008</u> Guy V. Tucker Registration No. 45,302																																													